2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FLORIDA MEDICAL PAIN MANAGEMENT, LLC

Current Principal Place of Business:

6333-54TH AVENUE NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

6333-54TH AVENUE NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 26-0874803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASSAN, KAZI M M.D.
6333-54TH AVENUE NORTH
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

DIAZ KHALSI, VIVIANA
6333-54TH AVENUE NORTH
ST. PETERSBURG, FL 33709 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VIVIANA DIAZ KHALSI 02/08/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HASSAN, KAZI M M.D.
Address: 6333 54TH AVE.N.
City-St-Zip: ST. PETERSBURG, FL 33709

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: KAZI M. HASSAN MGR 02/08/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date